

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 585641

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4		1		1		
5	4			1		
6	4			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1					
13	1					
14	1					
15	3					
16	3					
17	1					
18	1					
19	1					
20	1		1			
21	1		1			
22	1		1			
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TOTAL IND.	7		4			
TOTAL DEP.	32	←	14	←		←
TOTAL CLAIMS	39		18			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←